# ENGLISH SPEAKING PROVIDERS: BRIDGING LANGUAGE GAPS IN YOUR CLINICAL PRACTICE

DATE & TIME:	April 27, 2016	8:30 AM – 12:30 PM
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All registration is completed on the Learning Net prior to the training. Sign-in begins 30 minutes prior to the training time. All participants must arrive during the sign-in period. Late arrivals will not be admitted.

PLACE:	AFSCME Headquarters		
	514 Shatto Place		
	Los Angeles, CA 90020		
PARKING:	523 Shatto Place – Parking structure (floors 3-8) OR		
PARKING.	Metered parking on Southwest corner of 6 <sup>th</sup> and Vermont		

This workshop is designed to train monolingual English speaking psychiatrists and clinicians to work effectively with interpreters and to ensure equality of access and service delivery in meeting the requirements of Federal and State laws. This workshop offers practitioners an opportunity to enrich their understanding of the diverse idioms of distress; culture bound syndromes, cultural constructions and explanatory mental health beliefs. It will provide participants with knowledge and skills to understand the unique dynamics that play out in the therapeutic triad among the provider, client and interpreter. Strategies to improve communication and service delivery within the therapeutic triad are outlined and practiced. The main focus of this training is to manage the different variables that may impact the triad. Some of these variables include language, culture, verbal and non-verbal communication, and communication in low and high context culture. To maximize effective communication, techniques are modeled and practiced throughout the training session.

#### TARGET AUDIENCE: DMH Adult Providers and DMH contracted staff only

OBJECTIVES:	<ol> <li>As a result of attending this training, participants should be able to:         <ol> <li>Describe the fundamental principles of working with interpreters in mental health.</li> <li>List three or more Federal and State laws and regulations for the Limited English Proficient (LEP).</li> <li>Demonstrate an understanding of the interpreter's roles with an emphasis on the cultural clarifier role.</li> <li>Identify and implement at least four techniques to manage the clinical triad among the interpreter, client, and provider.</li> <li>Examine the DSM-5 cultural interview, syndromes related to the culture and mental health terminology.</li> </ol> </li> </ol>
CONDUCTED BY:	Lidia Gamulin, LCSW
COORDINATED BY:	Lisa Song, LCSW Isong@dmh.lacounty.gov
DEADLINE:	April 14, 2016, or when maximum capacity is reached
CONTINUING EDUCATION:	4 CEU for BBS, BRN, and CAADAC
COST:	NONE

DMH	Intranet <a href="http://dmhhq">http://dmhhq</a>	portal1/sites/TCC	B/default.aspx	Internet: http://dmh	.lacounty.gov/training	<u>&amp;workforce.html</u>
DMH	Employee register:	http://learningnet	.lacounty.gov P	Providers register l	here: https://learningn	et.lacounty.gov
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## **County of Los Angeles Department of Mental Health**

### NON-DMH STAFF TRAINING APPLICATION FORM



#### **Please Print or Type**

#### **Instructions**

Each individual must complete a separate application form for each training he/she wishes to attend. Please complete the application in full. Applications will not be processed with incomplete or inaccurate information. Notification of registration confirmation for a training will be provided by the training coordinator. Unless otherwise specified, walk-in registrations will not be admitted.

For trainings, sign-in begins 30 minutes prior to the training time. All participants must arrive during the sign-in period. Late arrivals will not be permitted.

This form is not to be used for LPS Designation Training. The LPS Application is available at lacdmh.lacounty.gov/training&workforce.html .

Training Title: ENG	LISH SPEAKING PROVIDER	RS: BRIDGING LANGUAGE	GAPS IN YOUR CLINICAL PRACTICE			
Date(s): <u>April 27, 2016</u>		Training Coordina	Training Coordinator: <u>Lisa Song, LCSW</u>			
County Employee Nu (non-county employees	umber supply the last four digits of the S	SSN)				
Name						
Program, Service or Agency						
Job Title						
Address						
City			Zip Code			
Telephone		Email	Email			
	License or Credentia	al Number(s) (complete as m	any as applicable)			
CAADAC	LCSW	LPT	LVN			
MD	MFT	Psychologist	RN			
Supervisor's Approval (Applications will not be processed if not signed by supervisor)  Print Supervisor Name		PSB Workforce Lisa Song, LCSV Fax: (213) 252-8 Phone: Email:				
Supervisor's Signature		( <b>,</b>				